Time Critical Diagnosis—Stroke and STEMI System Implementation May 12, 2009 DIFFERENCES BETWEEN STROKE AND STEMI CENTER LEVELS

	Level and Criteria	STEMI	Stroke
Lev 1.	el I Center Emergency Department (ED)	 May be by-passed to go directly to cardiac catheterization lab 24/7 in-house (IH)ED physician 	 May be by-passed to go directly to IR 24/7 in-house (IH)ED physician
2.	Intensive Care Unit	 With Cardiology expertise and support for further advanced treatment Generally accepted ICU equipment 	 With stroke/neurology expertise and support for further advance treatment Equipment
3.	Specialized Care	 L-VAD with advance support 24/7 Cardiac Artery Bypass Graft promptly available 24/7 Cardiac catheterization lab, angiography & interventional capabilities (PA) Available consultation services for region 	 24/7 Neurointerventional capability/angiography/IR (PA) 24/7 Neurology 24/7 NSG coverage (PA) 24/7 Diagnostic Radiology (CT (IH)/MRI available) Available consultations services for region
4.	Surgery	Cardiac surgery back up 24/7	 Neurosurgery; vascular surgery; endovascular experts
5.	Inpatient beds	X	X
6.	Rehabilitation Services available (Phase 1)	Х	Х
7.	Higher volumes of care	400 Elective PCI/year (quality measure alternatives will be considered to establish L1 criteria if 400 is not achieved) >49 Primary PCIs	
8.	Performance Expectations- meet quality measures	х	Х
9.	Personnel- Advanced training and certifications to support specialized services	Х	Х
10.	Designated helicopter landing area	Х	Х
11.	Equipment - Appropriate for advanced level of care	Х	Х
12.	Policy		
•	Accept all stroke & STEMI transfers	х	х
•	One call access to activate transfer	X	x
•	One-call access for activation of specialized services	x	x
•	Make arrangements for repatriation to community hospital, if indicated	х	х
_	Community Education	Х	Х
14.	Research	Х	X

DIFFERENCES BETWEEN STROKE AND STEMI CENTER LEVELS

	Level and Criteria	STEMI	Stroke
Lev	el II Center		
1.	Emergency Department	May be by-passed to go directly to cardiac catheterization lab 24/7 in-house (IH)ED physician	24/7 in-house (IH)ED physician
2.	Intensive Care Unit	 With Cardiology expertise and support for further advanced treatment Generally accepted ICU equipment 	х
3.	Specialized Care	24/7 Cardiac catheterization lab, angiography and interventional capabilities, PA	 24/7 neurology (PA) 24/7 Diagnostic Radiology (CT (IH)) Neurosurgery consultation services within 2 hours
4.	Inpatient beds	X	Х
5.	Rehabilitation Services Available (Phase 1)	Х	Х
6.	Volumes of care	At least 200 Elective PCI/year (quality measure alternatives will be considered to establish L2 criteria if 200 is not achieved)	
		>36 Primary PCIs	
7.	Performance Expectations - Meet quality measures	X	X
8.	Personnel- Advanced training and certifications to support specialized services	Х	Х
9.	Designated helicopter landing area,	Х	Х
10.	Equipment - Appropriate for advanced level of care	Х	Х
11.	Policy		
•	Accept all stroke and STEMI transfers	Х	X
•	One call access to activate transfer	Х	Х
•	One-call access for activation of specialized services	Х	Х
•	Make arrangements for repatriation to community hospital, if indicated	х	х
12.	Community Education	X	X

Differences from Level I

- Fewer specialized care requirements
- Lower PCI volumes
- No research requirement

DIFFERENCES BETWEEN STROKE AND STEMI CENTER LEVELS

	Level and Criteria	STEMI	Stroke			
Lev	Level III Center					
1.	Emergency Department	• 24/7 in-house (IH)physician	• 24/7 physician-IA			
2.	Intensive Care Unit	 With Cardiology expertise and support for further advanced treatment Generally accepted ICU equipment 				
3.	Specialized Care	 Lytic Centers (No part time PCI) Must have rapid transfer protocol in place and capability to administer lytics to eligible patients, and stabilize If immediate condition not improving with lytic and PCI required, immediately transfer to a PCI designated facility. (Drip and ship) 	 Drip and ship 24/7 Diagnostic Radiology (CT) available 			
4.	Inpatient beds	X	Х			
5.	Performance Expectations- Meets quality measures	х	Х			
6.	Personnel- training and certifications to support specialized services	х	Х			
7.	Helicopter Designated Landing Area	Х	Х			
8.	Equipment - Appropriate for level of care	Х	Х			
9.	Policy					
•	One call access to activate transfer	Х	Х			
•	Accept all appropriate(how is this defined in state law?) stroke and STEMI EMS transports per	x	X			
	destination protocols	x	X			
•	One call access to activate Make arrangements for repatriation to community hospital, if indicated	x	X			
10.	Community Education	Х	Х			

<u>Differences from Level II</u>

- Generally drip and ship facilities
- For STEMI patients, potential to keep when PCI is promptly available; transfer where warranted, not source for primary PCI on emergency basis

DIFFERENCES BETWEEN STROKE AND STEMI CENTER LEVELS

Level and Criteria		STEMI	Stroke
Le	vel IV Center		
2.	Emergency Department Specialized Care	 24/7, IA physician Stabilize life-threatening conditions when in proximity Drip and Ship: must have rapid transfer protocol in place and capability to administer lytics to eligible patients & stabilize 	 24/7, IA physician Stabilize life-threatening conditions when in proximity Triage and transfer
3.	Personnel- training and certifications to support services	X	Х
4.	Equipment - Appropriate for level of care	X	X
5.	Helicopter landing site	X	Х
6.	Performance Expectations- Meet quality measures	X	х
7.	PolicyOne call access to activate transfer	X	Х
8.	Community Education	X	Х

<u>Difference from Level III</u>

• Services to support patient stabilization and rapid transfer to a higher level center.